

IL HIE Medicaid Work Group

Meeting Notes

December 9, 2013

Attendees (by phone):

Amanda Attaway	Illinois State Medical Society
Dave Barnes	Department of Healthcare and Family Services
Jim Besjak	SIU Healthcare
Kelly Carter	Illinois Primary Health Care Association
Connie Christen	Department of Healthcare and Family Services
Julie Glen	Loyola University
Roger Holloway	Illinois Health Information Technology Regional Extension Center (IL-HITREC)
Peter Ingram	Sinai Health System
Wyona Johnson	Department of Healthcare and Family Services
Patrick Kathmann	Advocate Physician Partners
Vince Keenan	Illinois Academy of Family Physicians
Carolyn Likovech	University of Chicago
Mary Ring	Illinois Critical Access Hospitals Network
Andrea Romaniuk	Lurie Children's Hospital of Chicago
Direndia Shackelford	Advocate Physician Partners
JoAnn Spoor	Illinois Hospital Association
Theresa Walunas	Chicago Health Information Technology Regional Extension Center (CHITREC)

1) Meeting Minutes

The meeting minutes from the November 25th call were approved.

2) Electronic Health Record/Provider Incentive Payment Program (PIP) Status Update

- *Payments to date (12/6/13)*

4,415 Eligible Providers (EPs) (3,864 unique) - \$85,886,867.08 (2,154 for 2011; 1,674 AIU for 2012; 34 MU for 2012, Year 1; 551 MU, Year 2)

225 Eligible Hospitals (EHs) (147 unique) - \$188,951,301.30 (92 for 2011; 9 adjustments; 55 Year 1 Payments for 2012; 69 Year 2 Payments for 2012)

Total - \$274,838,168.38

Dave Barnes reported that two EPs have been paid and several more will be paid this week. There was no change in the EH payments. Dave reviewed the status descriptions on the PIP report. The group would like him to keep the status detail in the report.

3) Prepayment Audit Process

- *Pre Attestations in work queue (12/6/13):*
EPs – 112 (50 for AIU, Adopt, Implement, Upgrade); 62 for Meaningful Use (MU)
EHS – 46 (3 for AIU; 43 for MU)

Dave reviewed the totals in the PIP report.

4) Year 3 Attestations

Wyona Johnson stated that a change will be made to the attestation system that allows providers to attest to Meaningful Use in their first year.

The 2014 attestation period application will be available at the end of March. **Peter Ingram** suggested that HFS put the list of required documents to be uploaded at the beginning of the process of the attestation application.

Dave Barnes stated that for Medicare and dual-eligible hospitals, federal CMS is requiring that patient volume be reported by calendar quarters, i.e., January through March, April through June, July through September and October through December. It is up to each state if they would like the patient volume to be reported in quarters or if it can be reported by the hospital's best 90 day period. **Julie Glen** and **Direndia Shackelford** suggested that HFS let hospitals report their best 90 day period rather than quarterly. Suggestions can be sent to Dave or Wyona Johnson.

5) Provider Tool Kit

Wyona Johnson said that one update has been done to the manual and asked that suggestions for changes be sent to her.

6) Outreach to EPs

Theresa Walunas reported that CHITREC outreach activities included a privacy and security webinar, privacy and security best practices webinar, and the nuts and bolts of PIP webinar. A general mailing was done to providers. On December 29th, a privacy and security workshop is scheduled. **Roger Holloway** said the IL-HITREC has been working with providers in central and southern Illinois with the majority being Federally Qualified Health Centers.

Meeting adjourned. The next call is scheduled on Monday, December 30th.